



# *Montana Asthma Advisory Group Meeting*

August 20<sup>th</sup>, 2010

Missoula, MT

Holiday Inn Parkside

# *Announcements*

- Thursday, August 26<sup>th</sup>: Free Webinar- *Psychological Impact of Asthma on Youth and Their Caregivers*, Kristin Kullgrin, PhD St. Louis Children's Hospital, noon-1pm, CE credits for pharmacists and RTs
- November 4-5: Helena Conference for Occupational & Environmental Health





# *Successes from Year 1 of the CDC Cooperative Agreement and Plan for Year 2*

Katie Loveland MPH, MSW  
Asthma Control Program Manager

August 20<sup>th</sup>, 2010

Montana Asthma Advisory Group Meeting

# *Background*

- MACP awarded 5 years of CDC funding starting September 1<sup>st</sup>, 2009
- Required to write a work plan for each year of the cooperative agreement
- Focus of award: surveillance, partnerships and interventions



# *Year One Work Plan (9.1.09-8.31.10)*

- Surveillance & Evaluation objectives
- Partnership objectives
- Intervention objectives:
  - Healthcare
  - Environmental
  - School and childcare
  - Disparities



# Surveillance & Evaluation Objectives

Obj. 1: Disseminate 3 surveillance reports and submit one abstract to a scientific journal using MT BRFSS Asthma Call-Back and other data

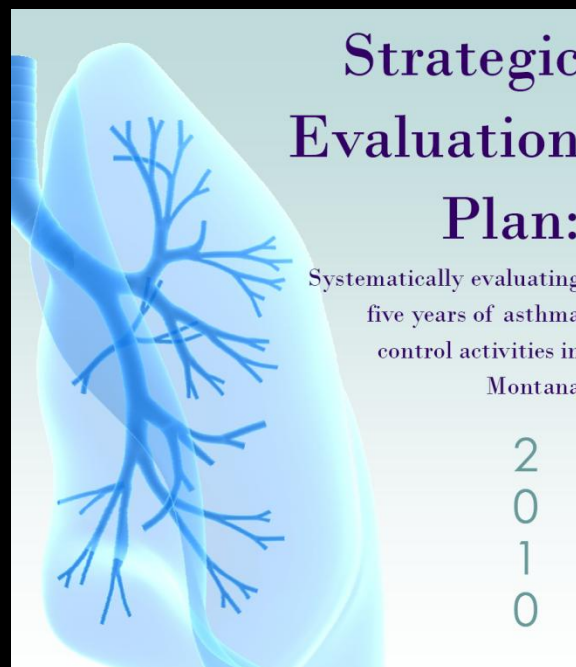
The Health Impact  
of Uncontrolled  
Asthma

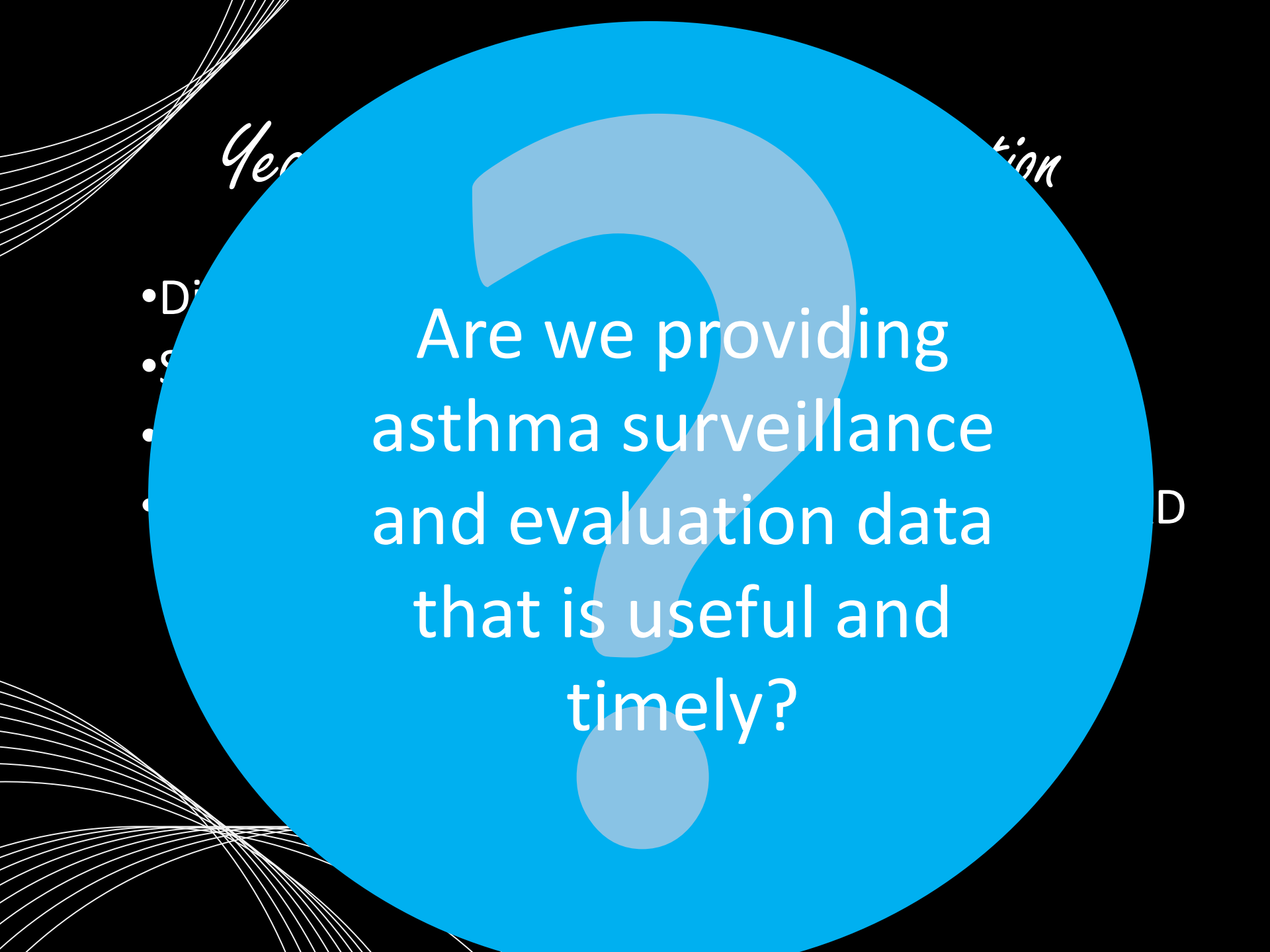
Environmental  
Article “Missed opportunities to  
Exposures and  
Asthma  
provide self management education  
to patient with uncontrolled asthma  
in a rural state” accepted for  
publication in *Journal of Asthma  
and Allergy Educators*  
Chronic Lower  
Respiratory Diseases  
and Tobacco Use



# *Surveillance & Evaluation Objectives*

- Obj. 2: Obtain asthma emergency department data from Montana hospitals
- Obj. 3: Develop a 5 year strategic evaluation plan





Are we providing  
asthma surveillance  
and evaluation data  
that is useful and  
timely?

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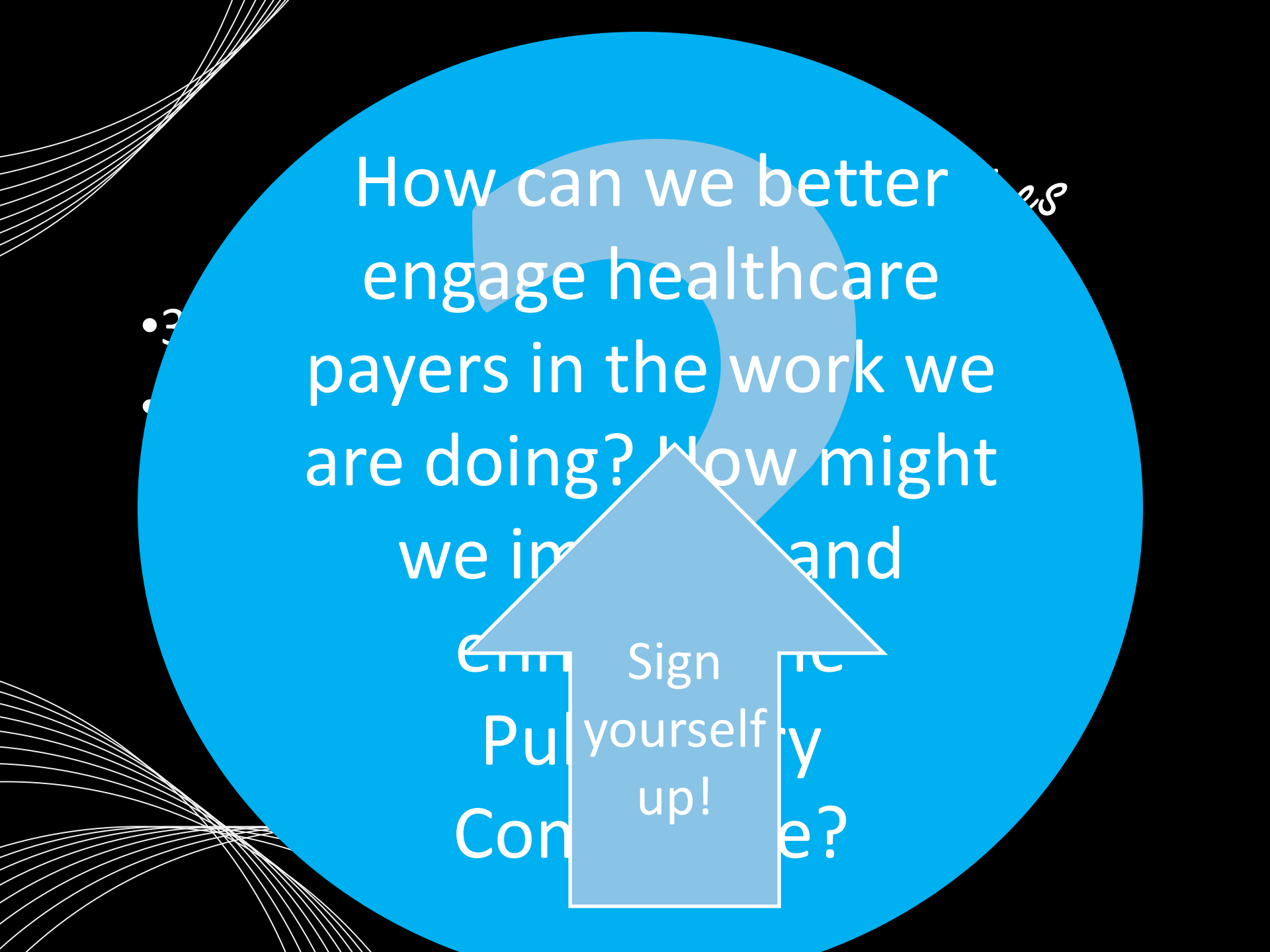
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# *Year 1 Partnership Objectives*

- Obj. 1: Continue facilitation of 3 MAAG meetings per year
- Obj. 2: Develop new partnerships with healthcare payers





How can we better  
engage healthcare  
payers in the work we  
are doing? How might  
we improve and

Sign  
Pull yourself  
up!  
Con...e?

# Year 1 Healthcare Objectives

ACMS DATA ENTRY

Patient: McDonald, Ronald Patient ID: 587432 Age: 45 years Select by Status: Active All

Office Visit: Demographics Most Recent Assessment: PERSISTENT - 01/30/10

Choose Specific Office Visit: [Dropdown]

Date: 01/30/10 Reason: ER/Hospital F/U Current Symptoms: Yes Height: 74 in Weight: 190 lb

Flu Immunization: Received Date Rec'd: Declined

Spirometry & PF: FEV1: % Predicted: 75 FEV1/FVC %: Peak Flow:

**Asthma Control**

Level of control: Not Well Controlled

Symptoms: <= 2 days/wk Nighttime Awakenings: < 2 days/wk SABA Use (not exercise related): > 2 days/wk

Interference w/normal activity: Some Limitation PF/FEV1 %: FEV1/FVC %: ACT Score:

Exacerbations requiring oral steroids: Severity of exacerbation: Step 3

**Other Key Clinical Indicators**

# of ER/Urgent Care/hospitalizations since last visit: 1

**Smoking**

ETS Exposure in home: [Dropdown]

**Triggers**

Animals Pollens/seaweed Mold Tobacco smoke Exercise/sports

**Education**

Adherence to medication Inhaler technique Environmental control Medication conditions

**Medications**

Short acting beta agonist Inhaled corticosteroid - Low Dose Inhaled corticosteroid - Medium Dose Inhaled corticosteroid - High Dose Long acting beta agonist

**Asthma Action Plan (AAP)**

AAP given/reviewed? Yes

View all notes for McDonald, Ronald

unless symptoms worsen. Pt referred to [redacted] advised of the connection to increasing symptoms related to smoking

Navigation Bar for Office Visits

Sign  
yourself  
up!



# Year 1 Healthcare Objectives

•Obj. 2: Re  
departmen  
Education,  
Protocol P

cy  
ma Hospital  
(AHEAD)

## The ART of Controlling Asthma

Today your asthma caused you to come to the emergency room or hospital. This is a sign that your asthma is not controlled. With a little work you can control asthma instead of having asthma control you. Use the information in this packet and work with your regular doctor to develop a plan to manage your disease.

### What is asthma?

Asthma is a chronic, lifelong disease that makes it hard to get air in and out of the lungs. In your lungs the following things are happening:

- 1) The lining of your airways is swollen and you have more mucus, even when you are not having an attack.
- 2) When you have an attack the muscles around the airway squeeze down, making it hard to get air into your lungs.

Normal Airway



Asthmatic Airway



### How is asthma

Even though asthma is a lifelong disease, this packet covers the ART of controlling it.

1. **A**void asthma triggers.
2. **R**egularly visit your doctor.
3. **T**ake your asthma medicine.

Read this information carefully and importantly, be sure that you understand how to control your asthma.

This material was produced by the Montana Department of Public Health.

Sign  
yourself  
up!

### ADAM.

so you breathe easy. This

have any questions. Most people need to make a plan to

NTANA  
ASTHMA CONTROL PROGRAM

For more information visit: <http://dphhs.mt.gov/asthma> or [www.lungusa.org](http://www.lungusa.org)

# *Year 1 Healthcare Objectives*

- Obj. 3: Through Certified Asthma Educator Initiative: Increase number of Certified Asthma Educators, engage 100 healthcare providers in education related to asthma

The Association of Asthma Educators

## National Asthma Educator Certification & Recertification Review Course

24th • Holiday Inn Grand • Billings, MT



12-14.4 contact hours for  
RNs, Pharmacists, RRTs and  
Certified Case Managers

•

Taught by faculty from the  
Association of Asthma  
Educators

•

Open to all  
licensed healthcare  
providers in MT





## *Year 2 Healthcare Objectives*

- Continue to implement ACMS in clinics
- Begin to implement AHEAD in emergency departments
- Continue Certified Asthma Educator Initiative
  - Host becoming an Asthma Educator and Care Manager course
  - 2 webinars for CEs



Are we focusing our  
energy in ways that  
will help improve  
asthma care in MT?  
How else can we  
support providers?



# Consider This...

## BEFORE YOU LIGHT UP

Secondhand smoke causes asthma attacks.

You know smoking isn't good for you, but you may not know how bad it is for your children.

To protect your children, use these magnets and window clings to let everyone know that you have a tobacco free home and car.

### SECONDHAND SMOKE:

comes from lit cigarettes, cigars and pipes.<sup>1</sup>

is breathed in by a smoker.<sup>1</sup>

contains 4,000 dangerous chemicals and poisons.<sup>3</sup>

**SECONDHAND SMOKE HURTS YOUR CHILDREN.**



The Montana Tobacco Quit Line has free tools to help you quit:

- FREE nicotine replacement therapy
- FREE telephone coaching
- FREE personalized quit plans
- Reduced-cost cessation medications



# *Year 2 Environmental Objectives*

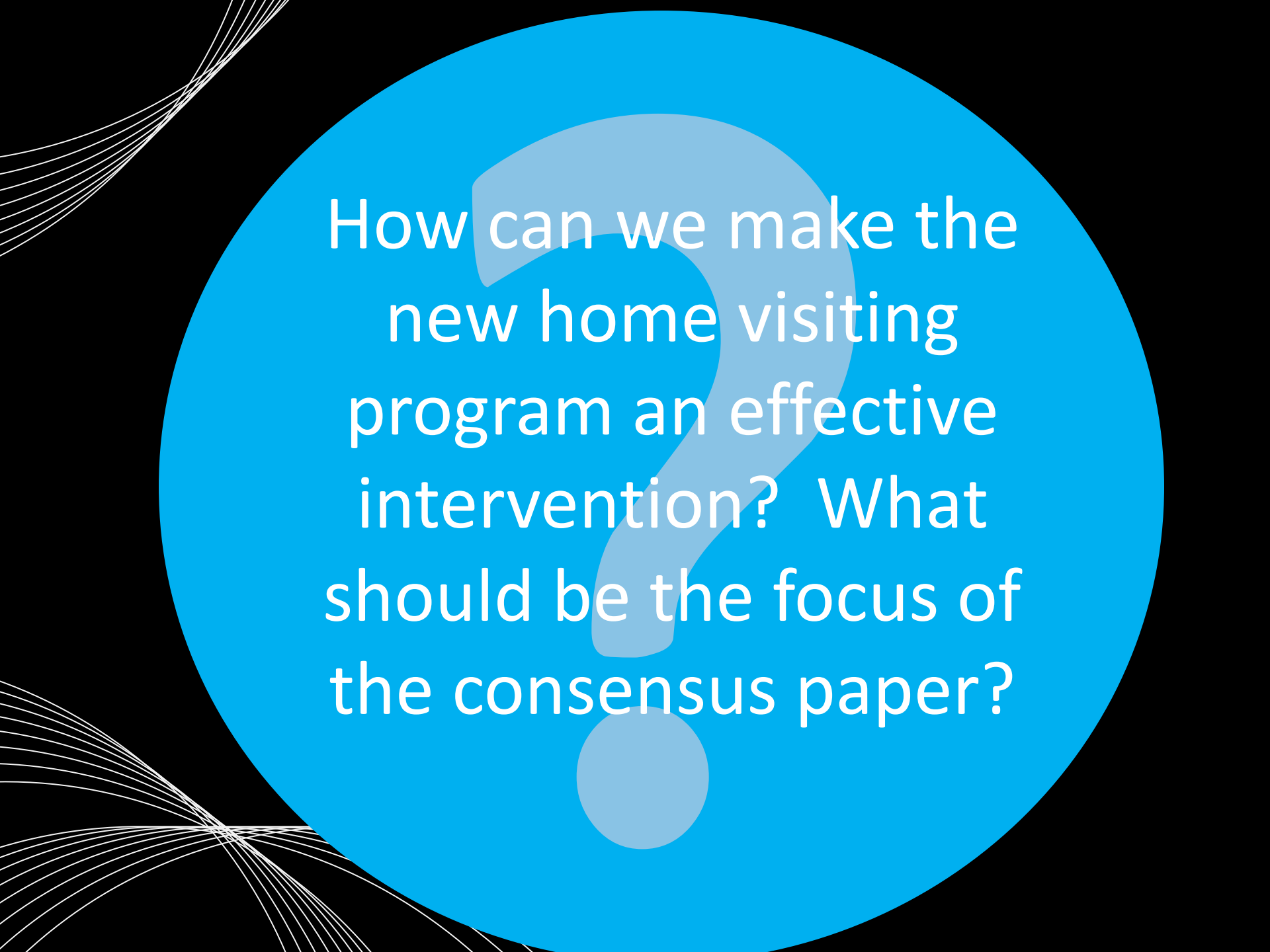
- Develop a home based environmental asthma triggers program, funding 2 pilot sites
- Work with program partners to review existing data on environmental triggers and write a consensus on asthma triggers in MT



Sign  
yourself  
up!



Sign  
yourself  
up!



How can we make the  
new home visiting  
program an effective  
intervention? What  
should be the focus of  
the consensus paper?

# Year 1 School and Childcare Objectives



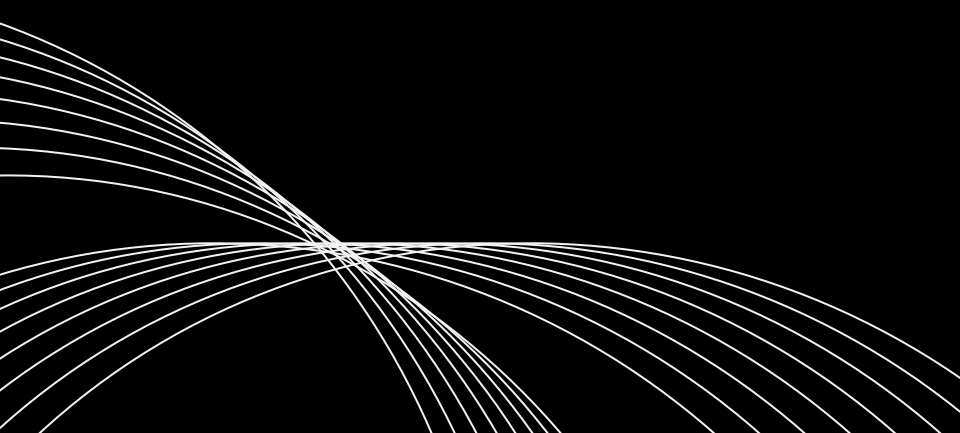
# *Year 1 School and Childcare Objectives*

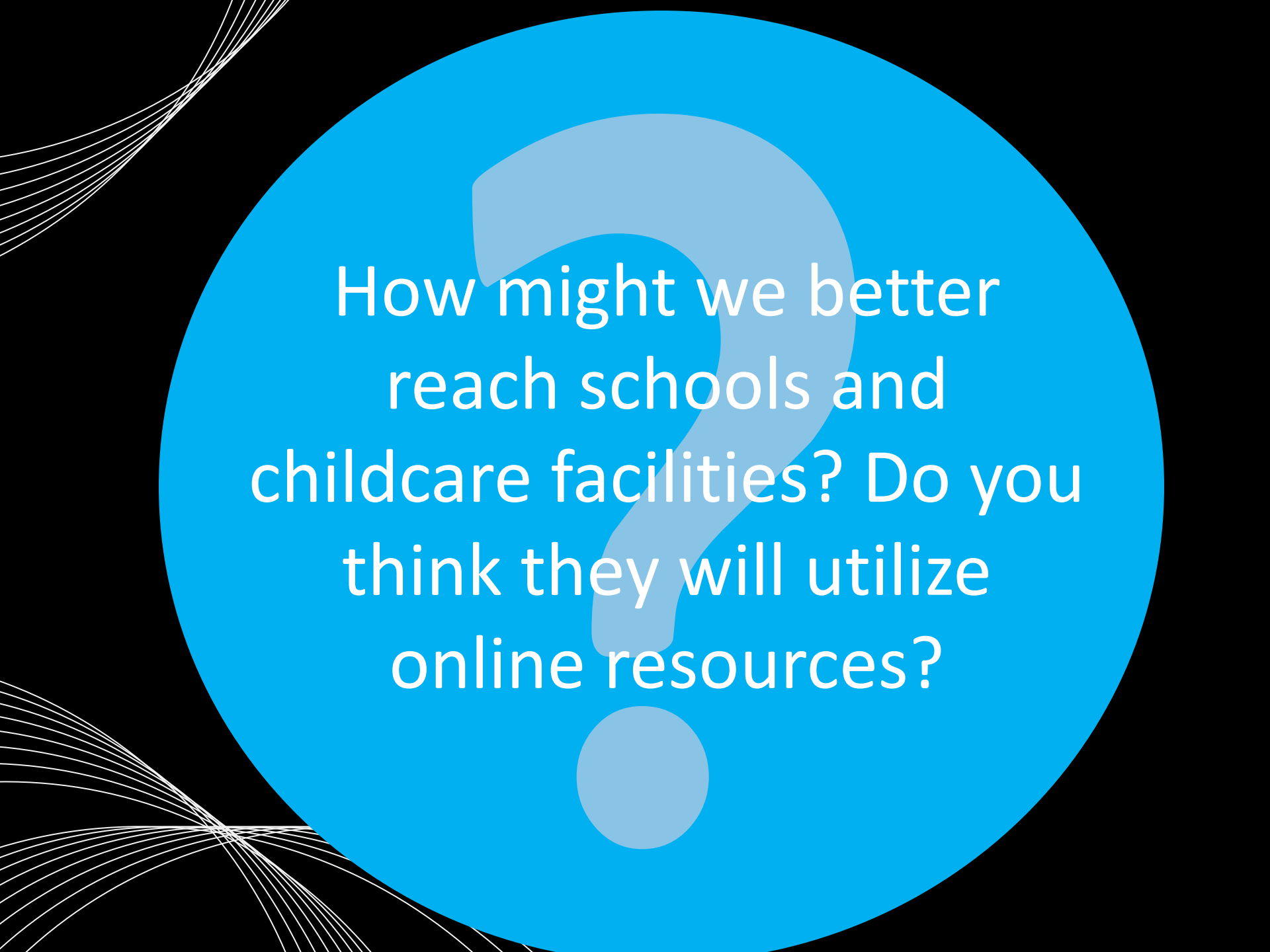
- Train school and childcare staff using resource guides
  - School resource guide updated
  - Professional videos created of school staff, coaches and child care trainings





# *Year 2 School and Childcare Objectives*

- Continue to award mini-grants
  - Create new website with school childcare training resources
- 



How might we better  
reach schools and  
childcare facilities? Do you  
think they will utilize  
online resources?

# *Year 1 Disparities objectives*

- Ensure that all aspects of program focus on populations most at risk for uncontrolled asthma
- Award two environmental triggers mini-grants to programs serving low-income, rural or Tribal communities





## *Year 2 Disparities Objectives*

- Continue to ensure that all aspects of program focus on populations most at risk for uncontrolled asthma



## *Other successes*

- Video created with Carlene's story
- Partnership with UM Pharmacy Clinics
- Support of YMCA Asthma Care
- Participation on Comprehensive Free Schools workgroup
- H1N1 outreach



Sign yourself up!

Plan for next year: Create strategy for asthma education reimbursement



## *Take aways*

- Thank you for your support and partnership through our first year of CDC funding
- We want your feedback on how we can improve and better target our initiatives!
- Consider how you might be involved in one or more aspects of our efforts in the coming year